CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT CES COMMISSION COVER PAGE

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BY: In

Please type or print in ink. 11 APR -7 PM 3: 27	
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
GOMEZ	MICHAEL
1. Office, Agency, or Court	
Agency Name	
CITY OF MAWAIIAN GARD Division, Board, Department, District, if applicable	7EVS
•	_
City Council	CITY COUNCIL MEMBER
➤ If filing for multiple positions, list below or on an attachment.	0.21.50
Agency: REDEUELOPEMENT AGENCY	Position: DIRECTOR
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge (Statewide Jurisdiction)
Multi-County	County of
Sticity of MAWAMAN GARDENS	☐ Other
3. Type of Statement (Check at least оле box)	
Annual: The period covered is January 1, 2010, through December 3 2010.	1, Leaving Office: Date Left/(Check one)
The period covered is/, through December 31 2010.	 The period covered is January 1, 2010, through the date of leaving office.
Assuming Office: Date	O The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought, if dif	ifferent than Part 1:
4. Schedule Summary	
•	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
3	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable intere	ests on any schedule
I certify under penalty of perjury under the laws of the State of Californ	nía that
Date Signed	Signature

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COM	700
Name	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST		
MR. SUAUR- POOL MAN	· ·		
Name 12429 FARLOW ST. HAWAIRN GARDENS CA.	Name		
Address (Business Address Acceptable)	Address (Business Address Acceptable)		
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$\$10,001 - \$100,000 \$\$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000		
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION OWNER	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION		
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499		
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)		
► 4. Investments and interests in real property held <u>by</u> the Business entity or trust	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST		
Check one box:	Check one box:		
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY		
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property		
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 10	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / /10		
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership		
Leasehold Other	Leasehold Other		
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached		
Commenter	CDDO C 700 (2040/2044) C-b A 2		

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE	► NAME OF SOURCE		
ENGLANDER + ASSOC			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
801 S. FIGUENDA ST. LOS ANGELES G BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
GOVERNMENT RELATIONS I STRATELIE GOMA.			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
05 ,21,10 , 125.00 REGISTRATION	/ \$		
	\$		
	/ \$		
➤ NAME OF SOURCE	► NAME OF SOURCE		
WOODAYFF, SPRAOLIN & SMART ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
555 ANTON BLUD 1200 COSTA MESA CA.			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
DATE (rfim/dd/yy) VALUE / DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
05,21,10 , 60.00 DINNER	\$		
	\$		
	/ \$		
► NAME OF SOURCE	► NAME OF SOURCE		
IDVING MOSKOWITZ CORP. ADDRESS (Business Address Acceptable) HAMILAN			
ADDRESS (Business Address Acceptable) 21520 PIONELL BLUG. 205 GARDENS G.	ADDRESS (Business Address Accepta	ble)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE NOW- ADDR.T BINGO CLUB	BUSINESS ACTIVITY, IF ANY, OF SO	URCE	
DATE (mm/dd/yy) VALUE DESCRIPTION.OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
12,72,10 : 30.00 LyNCH	/ \$		
	/ \$		
	\$		
Comments:			